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ABSTRACT

For more than 30 years, school-based health centers have been making an important difference in the health of millions of children by providing an array of medical and other health services at school. This brochure addresses school-based dental care as part of the Caring for Kids program, a multi-site grant program funded through the Robert Wood Johnson Foundation to develop sustainable mental and dental health care for young people by locating them in school-based health clinics. The brochure describes the dental care crisis in the United States, noting that tooth decay is the most common childhood disease and that high costs and limited access to care prevent most low-income parents from obtaining the dental care their children need. The brochure contends that school-based health centers offer an effective and efficient means for bringing needed dental care to children whom otherwise would not receive it. Services in such programs may include screening, cleaning, sealants, restorative care, and classroom education. Long-term financial stability is described as the most formidable challenge for most school-based dental services, with Caring for Kids programs surviving through grant support, financial and in-kind contributions, volunteer service, and third-party reimbursements, mostly from Medicaid. The brochure discusses the need to document the effectiveness of school-based dental services, and includes examples of tracking efforts from some programs. The pamphlet concludes by pointing out that the seven Caring for Kids projects are showing how school-based dental centers can effectively provide dental care for children. (KB)

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Dental disease is a silent epidemic that is hitting America's children hard.

Caring for Kids

is fighting back by giving kids the dental care they need at school.

This is how it works...

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School-Based Dental Care: Spreading Smiles Through Schools

When the tiny six-year-old opened her mouth, members of the dental team at Detroit's Carstens Elementary School knew they had their work cut out for them.

"Most of her mouth was rotted out," says Chris Jerzylo, the coordinator for the school-based dental program that serves Carstens. The girl's gums were swollen and she complained of pain in one tooth. A complete oral exam showed that she would need seven extractions and eight fillings.

She had never been to a dentist before.

"She was very, very apprehensive," Jerzylo says. "Her biggest concern was: 'Is it going to hurt? Are you going to pull all my teeth out?'"

Jerzylo put the girl at ease by talking her through the process, letting her know what to expect. Similarly, the team dentist prefaced every step of the procedure with an explanation so that she would have no surprises.

Careful not to try too much too soon in that first crucial visit, the team filled one cavity in the tooth that was causing pain. "She left with a smile, knowing that it wasn't all that bad—that it wasn't a black hole she wouldn't come back from," Jerzylo says. Three or four visits later, the work was completed.

The Robert Wood Johnson Foundation established *Caring for Kids*, a multi-site national grant program, to develop sustainable mental and dental health care for young people by locating them in school-based health centers. For more than 30 years, school-based health centers have been making an important difference in the health of millions of children by providing an array of medical and other health services at school.

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Dental Care for Children: A Quiet Health Crisis

The 2000 Surgeon General's report describes oral health in the United States as a "silent epidemic of dental and oral diseases." That epidemic is hitting America's children hard.

In fact, tooth decay is the most common childhood disease in the United States—occurring five times more often than asthma and seven times more often than hay fever. Left untreated, oral diseases in children can cause serious health problems and pain.

- More than 51 million school hours are lost each year to dental-related illness.
- An estimated 5 percent of children under 18 have untreated dental problems, but that percentage rises to 39 percent for African American children and 60 percent for Mexican American children.
- Children in poor families have five times more untreated cavities than children in families with higher incomes.
- Approximately 25 percent of children living in poverty enter kindergarten without ever having seen a dentist.

Lack of dental coverage is the primary barrier to proper oral health care for children. Some 23 million children in the U.S. have no dental coverage—making them three times less likely than children who have coverage to receive dental care. Other barriers include transportation and provider availability.

Did you know...

All state Medicaid programs must provide comprehensive dental coverage to children up to age 21 under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. Covered services include emergency, preventive, diagnostic, restorative, and other care when needed.

"As a result, too many children suffer from poor oral health, and not enough adults are paying attention," says Julia Graham Lear, Ph.D., director of *Caring for Kids*, a program of The Robert Wood Johnson Foundation (RWJF). "It really is a quiet health crisis."

The Problem: High Costs and Limited Access

Cost and lack of availability are what keep most low-income parents from getting their kids the dental care they need. Public insurance programs like Medicaid and the State Children's Health Insurance Program (SCHIP) provide some dental coverage for children, but few dentists actually participate in these programs. They cite low reimbursement rates, bureaucratic red tape, and a reluctance to work with poor patients. On average, only 16 percent of dentists in 35 states surveyed in 1998 by the National Conference of State Legislatures said they actively participate in Medicaid.

A decrease in the number of dentists in the U.S. has also contributed to a national shortage of dentists. In recent years, a number of states have responded to this problem by expanding dental hygienists' scope of practice and permitting them to provide services without a dentist present in the same facility. Such legislation has facilitated hygienists' practice in schools.

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A Solution: Making Dental Care Available Through Schools

RWJF established *Caring for Kids* to expand mental and dental health care for children through school-based health centers. For more than 30 years, school-based health centers have been making an important difference in the health of millions of children by providing an array of medical services at school.

Why offer dental care at school? Simply put, because that's where the children are. Access is no longer a problem. Kids don't miss as much class time, and parents don't have to take time off from work to bring their kids to the dentist.

More than half of the nation's 1,500 school-based health centers screen children for dental problems, and a smaller number offer preventive and restorative services.

Administered by the Center for Health and Health Care in Schools at The George Washington University in Washington, D.C., the *Caring for Kids* program supports seven grantees to increase dental care and eight projects to expand mental health services in school-based health centers. The seven dental projects are located across the country.

The program's experience to date demonstrates that school-based health centers offer an effective and efficient means for bringing needed dental care to children whom otherwise wouldn't be able to get it. "If you're thinking about dental services for underserved kids, you should think about school-based health centers," Lear says.

The school-based health centers in the *Caring for Kids* program offer a mix of dental services, including some combination of screening, cleaning, sealants, restorative care, and classroom education. They vary in whether and how they charge parents for services. At some, care is free. Others charge a small co-payment or use a sliding income scale to determine payment. But the idea is always the same: to make dental services accessible to kids whose parents otherwise could not have afforded them.

Expanded Practice by Dental Hygienists

Dentists' presence required for most or all dental hygienist functions	15 states	AL, AR, GA, IN, KY, MS, NC, NJ, OH, SC, SD, TN, VA, WA, WV
Dentists' presence is not required for most or all dental hygienist functions	26 states	AK, AZ, CA, CO, CT, DE, FL, IA, ID, KS, MA, ME, MI, MN, MO, MT, NE, NV, NH, NM, OK, OR, TX, UT, VT, WI
Dentists' presence is required for about half of dental hygienist functions	5 states	DC, NY, ND, RI, WY
Dentists' presence required in private dental offices but not in other settings for certain functions	5 states	HI, IL, LA, MD, PA

Source: American Dental Hygienist Association. ADHA Practice Act Overview Chart of Permitted Functions and Supervision Levels by State. Chicago, IL. Updated January 2001.

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In addition, a visit to the school dentist may be less frightening to children who have never been to a dentist before. "The fact that it's in the school building, which is like their home for most of the day, can be very comforting," says Margo Woll, D.D.S, dental co-director for the *Caring for Kids* initiative in Detroit.

In Search of Financial Security

For the majority of school-based dental services, long-term financial stability is their most formidable challenge. School-based health programs typically are supported by several sources: patient care revenues, local funding, and grants. The centers in the *Caring for Kids* programs get by on a mix of grant support, financial and in-kind contributions, volunteer service, and some third-party reimbursement, primarily from Medicaid, since many children served in these programs are enrolled in Medicaid.

"We get very nervous about the future of Medicaid," says Victor Badner, D.M.D., M.P.H., dental director for the school health program at the Montefiore Medical Center in Bronx, New York, where a *Caring for Kids* grant has established a comprehensive oral health program at DeWitt Clinton High School.

The program's financial viability hinges on its managed care carve-out contract with Medicaid. Badner says the arrangement is crucial because a large number of the school's children are uninsured, meaning that many services will not be reimbursed. The way Badner sees it, at least 50 percent of his patients must have

Link and Refer Effort Shows Need for Care in Site

Juyianna Williams knows all too well what it means to reach a dead end. An outreach worker hired under a *Caring for Kids* grant by Children's Hospital of New Jersey, Williams has called many phone numbers and shown up at many addresses in an effort to connect with low-income parents whose children need dental care. The idea was to help parents overcome barriers to care by referring them to dentists who accept Medicaid, giving them free bus tickets or other transportation subsidies, and educating them about the importance of proper dental care for their kids.

But frequently the numbers Williams called were disconnected and the addresses she visited were abandoned buildings. When she did manage to talk to a parent, she quickly learned that dental care is a low priority for families worried about hanging on to their homes, feeding their children, and paying for utilities.

"Getting the parents to focus on a child's dental appointment is very difficult," says Williams. "Their life challenges and lack of money get in the way."

Rose Smith, M.S., R.N.C., the hospital's director of community clinical services, has decided to put comprehensive dental services into one of their school-based centers. With financial support from the state, Smith is creating a school-based dental center with a full-time dentist who will provide preventive and restorative services, such as extractions and fillings. "With this service immediately available to our students, we are really going to make headway on our kids' dental problems. And the parents will see that together we can make a difference."

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Medicaid coverage in order for the center to sustain itself while providing care to the uninsured.

Stephen Marshall, D.D.S., M.P.H., associate dean for extramural programs at Columbia University School of Dental and Oral Surgery and director of a *Caring for Kids* project that will open a comprehensive dental center at a public school in Northern Manhattan, echoes Badner's concerns.

"Running the site is challenging but achievable with good management and dedicated staff," Marshall says. "The real obstacle is financing. If we had enough money, we would do this in 20 schools or more. But we have to make the numbers work."

Paying for School-Based Dental Programs

States can help make school-based dental services available by taking some of these steps:

- Certifying dental hygienists for reimbursement by Medicaid.
- Increasing their Medicaid dental reimbursement rates.
- In states that license health facilities, allowing organizations that sponsor school-based health centers to add school-based programs to their operating certificates as satellite clinics eligible for higher reimbursement rates.

Insurance will never cover costs for the *Caring for Kids* project in Detroit, says Marcy Borofsky, D.D.S., dental co-director there. Most patients, she says, are either covered by Medicaid, which pays about one-third of the amount billed for services, or they are uninsured. She and dental co-director Margo Woll, D.D.S., have received grants from multiple sources to cover the costs of equipment and operations. "We've always seen this program as functioning with some grant support, as well as third-party reimbursement," Borofsky says.

Financial constraints can create staffing problems for school-based dental programs, especially those trying to hire full-time dentists, who can command six-figure salaries. In Huntsville, Alabama, the *Caring for Kids* project at Lincoln Elementary School has been unable to find a full-time dentist within its budget. They rely largely on their force of 17 part-time volunteer dentists to operate the dental program. Recently, the federal government approved the project as a site of the National Service Corps SEARCH program for dental students, which will forgive student loans for dentists who agree to practice in underserved areas for up to three years. Project director Tracey Wright says she hopes with the SEARCH approval in hand, the center will now be able to afford a full-time dentist. "We need to find a person who's got a heart and wants to make a difference rather than a big paycheck," she says.

Tracking Results

Directors of school-based dental services know they'll be expected to show results. "We need to document the effectiveness of the program," says Badner of the Bronx center. To that end, he and his colleagues have conducted an oral health survey of all the school's 9th and 11th graders. Among the indicators they're tracking: days missed from school because of dental illness. "We expect to be able to show different results two years from now," Badner says.

In South Texas, baseline data have been collected to document the need for urgent dental care. Over time, the program will track the decrease in the number of children with untreated tooth decay, the increase in the percentage of children who have annual dental visits, and improvements in children's knowledge concerning oral health.

The Detroit initiative is collecting similar data showing, among other things, that more than 2,000 children were seen during the first year for restorative work. "That's care those kids weren't getting," Woll says.

One fan of the project, Carstens Elementary School Principal Theresa Mattison, says she can see the difference already. "Since they [Woll and Borofsky] have been here, I haven't heard the words 'I have a tooth ache,'" she says. "I'm beyond thankful. We just cannot tell the world enough about them."

Looking Ahead

School-based dental centers offer a solution and the seven *Caring for Kids* projects are showing what can be done.

Lear notes that the first school-based health centers offering general health care services opened in the early 1970s. Since then, they have moved into the mainstream of health care delivery for America's youth. Today, approximately 1,500 school-based centers provide services to nearly 2 million children.

"It would be wonderful if school-based dental care catches on the same way—only more quickly," says Lear. "Imagine the pain and disease that could be prevented, not to mention time lost from school and work. Imagine knowing that children don't have to suffer from untreated dental problems—even if poor, even if dentists don't practice in their neighborhoods."

"The school-based concept is really the answer," says Pat Mason-Dozier, D.D.S., project director for the *Caring for Kids* site in Kansas City. "It's the obvious way to meet the needs of children who have problems with access to dental care."

Parents and Kids Both Need Oral Health Education

It's important for parents to know the facts about the dental care their kids need. "We still have a lot of old misconceptions out there," says Stephen Marshall of Columbia University and director of a *Caring for Kids* project in Northern Manhattan. For example, he says, many parents think they don't need to pay attention to their kids' baby teeth because they're going to fall out eventually anyway. In fact, untreated decay in primary teeth can be painful and debilitating—and spread.

In-class education teaches kids the basics of good oral health, but those lessons need to be reinforced at home. "Educating parents is critical to the success of our program," says Sherry Jenkins, a hygienist for the *Caring for Kids* project in South Texas. In addition to in-class education for kids, their centers talk with parents, make information available at health fairs and send information home with children.

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Caring for Kids Dental Health Service Grants

- St. John Community Investment Corp with the Children's Dental Health Foundation, Detroit, MI
- Children's Hospital of New Jersey at Newark Beth Israel Medical Center, Newark, NJ
- Methodist Health Care Ministries of South Texas, San Antonio, TX
- Montefiore Medical Center, Bronx, NY
- Samuel U. Rodgers Community Health Center, Inc., Kansas City, MO
- Health Establishments at Local Schools (HEALS), Inc., Huntsville, AL
- New York and Presbyterian Hospital and Columbia University School of Dental and Oral Surgery, New York, NY

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